LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III. LOUISVILLE, FEBRUARY 24, 1877. No. 8.

"SAID THE SPIDER TO THE FLY."

The following printed circular was sent to us by a gentleman (supposed to have been a teacher) in the interior of Kentucky:

"KENTUCKY SCHOOL OF MEDICINE.

"LOUISVILLE, KY., February 7, 1877.

"*Dear Sir*,—The Board of Regents and the Faculty of the Kentucky School of Medicine have determined to grant a number of Beneficiary Scholarships in behalf of those seeking a medical education. The recipient of one of these Scholarships, instead of paying $126.00 for a course of lectures, will be required to pay only $46.00; this amount entitling him to the same advantages as those enjoyed by all who pay the full fees ($126.00) of the School. A scholarship once accorded to a student will give the advantages indicated for three sessions of this School. To obtain one of these Scholarships, it is necessary that the applicant should be of good character, of sufficient education to study Medicine, and unable to pay the full fees of the School, and that these facts should be responsibly stated by some public officer. Believing that your position as a teacher will enable you to make a judicious selection, and that your selection will be made carefully and conscientiously, the Board of Regents and Faculty desire to say that any young man receiving a recommendation from you will enjoy the advantageous terms above indicated. In making such recommendation you will please fill out the blank below, and advise the recipient to come on at once, as his tuition for this month will not cost him any thing. Please advise the Dean by letter as soon as your selection is made, giving the name and address of the young man selected. Board may be had at $4.00 per week.

"Respectfully yours,

"A. B. COOK, *President*,

"J. M. KELLER, *Regent*,

"E. S. GAILLARD, *Dean*,

"*Ex. Committee.*"

Whether the campaign of 1877 is to be made among the teachers of America, or whether this simply is a side raid, does not yet appear. Last season we were at the trouble and expense to inform six thousand newspapers of the manner in which they were being beat out of an advertisement by the beneficiary dodge, and perhaps that fertile country is cut off now from the enemy. But newspaper men, clergymen, doctors, legislators, politicians, teachers, and "any one who wishes a beneficiary scholarship," form rather a numerous class; and while we shall continue to use our best efforts in exposing the Kentucky-Louisville School's game, we hope we may obtain assistance in warning the unwary.

It will be noticed that a marked improvement has been made in the circular of 1877. The price of the "scholarships" is now inserted. We are glad to see our commands have not been wholly unobeyed. The document, however, is not yet explicit enough. "A scholarship once accorded to a student will give the advantages indicated for three sessions of this school" is too vague. In the next issue of the circular "by a renewal of the $46 subscription" must be inserted. Upon the whole—as the school will not follow our directions to the letter, and, in the name of common decency, *quit*—we must hereafter insist upon seeing the proof-slips of articles it intends for the public gaze.

One word only to the teachers of America. This is a magnificent sham you are invited to assist; a solemn humbug; a fearful sell. You are asked to certify as paupers young men who are to pay the ordinary fees of the college. The "$126" is bogus. The "beneficiaries" are really the *benefactors*. The school lives on these fees of $46, together with the amount charged for "private instruction" not nominated in the above bond.

It has a number of other iniquities too numerous to mention here. We have been obliged to lecture it and warn the community against it for a year past. Should we ever succeed in getting it straight, we will let you know; but in the meantime have nothing to do with it.

DEATH OF SIR WM. FERGUSSON, BART.

Sir William Fergusson died in London, on the 10th of this month, at the age of sixty-nine. The event was not unexpected. It will be remembered that last summer his life was in considerable danger from renal disease; and although he partially recovered from the distressing symptoms which beset him at that time, his condition has ever since been considered precarious. The late British journals have expressed considerable anxiety in regard to him, and now the telegraph informs us how reasonable were their fears.

Sir William Fergusson had reaped the highest honors open to his profession. He was professor of surgery in King's College and surgeon to King's College Hospital, examiner in surgery, consulting surgeon to several institutions, a prominent member of various societies, sergeant-surgeon to the queen, and president of the Royal College of Surgeons.

He was born in Scotland (Prestonpans, East Lothian), and educated in the High School and University of Edinburgh. Among his preceptors were Dr. Knox, the celebrated anatomist, and Dr. Turner, the noted professor of surgery in the University of Edinburgh. His association with Knox was long and intimate, and laid the foundation of that anatomical knowledge and operative skill for which he became so celebrated. When Knox was ruined in reputation by the Burke-and-Hare scandal, and threatened at length with absolute want, the generous hand of his old pupil, who firmly believed in his innocence, ever continued to sustain him.

Sir William Fergusson contributed a number of papers to the literature of the profession upon lithotomy, excisions, aneurisms, cleft palate, etc. His systematic works were one upon Practical Surgery, and another on the Progress of Anatomy and Surgery in the Nineteenth Century.

While the writings of Sir William Fergusson have been extensively read, as coming from so distinguished a source, it was not by his pen, but as a practical surgeon, that his fame was acquired. As an operator few men ever approached his skill. Whether the occasion were great or small—in a simple amputation, or the intricate maneuvers demanded for the relief of cleft palate, or the search for an artery amidst dangerous relations—he excited in the beholder the most profound admiration by the ease, grace, and skill with which his knife was directed. He shared with Paget and Erichsen the leadership of British surgery. Inferior to one as a lecturer, to the other as a writer, to both in philosophic thought, in matters pertaining to the practical duties of his profession he was always their equal and ofttimes their superior.

Like Liston, he maintained to the last his northern proclivities. The Scottish brusqueness marked his manner; the sincerity of his people stamped his character. His physique was magnificent. His features were inscribed with a determination and dash it was impossible not to discern at a glance. Nature had given him every attribute of a leader, and his position was easily won and maintained. His classes regarded him as an Ajax among surgeons, his brethren showered upon him all the honors of the profession, and the people paid him tribute with open hands.

The memory of Sir William Fergusson will be embalmed among the most precious heritages of our guild.

We are requested, in the name of the profession of New Albany, to emphatically deny the slanderous assertion that a medical school was contemplated in that place.

Original.

THE TREATMENT OF VARIOLA.

BY C. J. RADEMAKER, M. D.

It was formerly my custom in the treatment of variola either to follow the expectant plan or to rely upon repeated doses of quinine. Such were the lessons of Niemeyer, Tanner, Hebra, and others. I soon abandoned these methods, however, as I believed I found necessity for medication in this exanthem, and medication other than by quinine, unless the case was one complicated with malaria. Quinine, whenever administered for its antipyretic properties, has many disadvantages, and can be replaced by simpler drugs equally efficacious. To reduce the pulse and temperature quinine must be administered in large doses, against which the stomach rebels—a condition of things we should particularly guard against in variola, where so much depends upon alimentation. Added to this there is the discomfort rendered the patient by nervous prostration, ringing in the ears, hallucinations; and the positive harm inflicted by the restlessness and loss of sleep which so often follow upon the use of this drug.

There is in my estimation nothing comparable to digitalis in the treatment of variola. Its well-known physiological effects fulfill every indication in the febrile disturbance of this disease. It reduces the pulse and temperature; it controls the heart, acting as a tonic upon it; it is a powerful eliminator; and added to these good qualities it has no disagreeable effects (unless given in poisonous doses) upon the brain or nervous centers, the patient in almost every instance becoming more comfortable after its administration.

In using digitalis I always give it in conjunction with alcohol in some form, as I have had sufficient proof that it is absolutely necessary in the treatment of variola. I do not give it for its stimulant effects, but for its well-known power of stopping tissue-waste. The following is the prescription I generally make: ℞ Infusion digitalis, ℥ iv. S. Dessertspoonful in tablespoonful of whisky every four to six hours. This is continued up to the seventh day, when the amount of whisky is increased to an ounce every three hours, the digitalis being given every six hours. Under this treatment I find that my patients sleep better—have less fever and delirium than under the use of quinine. In the hemorrhagic form of variola—which, according to my experience, is fatal—we require in conjunction with the above a more reconstructive and astringent treatment. For these cases the muriated tinct. of iron, emulsion of turpentine, and inhalations of oxygen stand at the head of the list.

The throat complications are best met by a saturated solution of chlorate of potash, as in the following mixture:

℞ Kali chlorat..... ℥ ss;
Glycerinæ..... ℥ j;
Aquæ..... ℥ iij.

M. S. A teaspoonful every two hours. Or, if there is immediate danger of suffocation, you may resort to the application of nitrate of silver (one drachm to the ounce), and apply it with a probang. If this fails, no time is to be lost in performing tracheotomy. Besides the above treatment disinfectants of course must not be forgotten, at the head of which stand carbolic acid and chlorinated lime. The nutrients must not be forgotten, and every thing capable of sustaining life freely given, as beef-tea, beef-broth, milk, soft eggs, and any thing the patient craves.

My experience in small-pox practice is quite large, having during the epidemics of the past six or seven years treated nearly as many hundred cases. The method I have described in the above few remarks is the one which has brought me the best results.

LOUISVILLE.

THE Archives of Clinical Surgery complains that Dr. Sayre, as an inventor, is too fatherly.

OLD DEPRESSED FRACTURE.

BY GEO. C. M'FARLAND, M. D.

Some four years ago James Jones (colored) received a pistol-shot over the left eye and above the supra-orbital ridge. There was a complete fracture of the outer table, but from all appearances this did not involve the inner one. Jones pursued his usual occupation (that of farm laborer), and from his employers I learn he was an extra hand.

Such is the brief history up to the 2d of September, 1876. Upon that day a call was left at my office perhaps at 8 o'clock A. M. At 4 o'clock P. M. I reached the bedside of my patient, and found him in a semi-unconscious state and speechless. Seeing me enter the room, he placed his hand over the wound. From the bystanders I learned that he had been in convulsions. Upon examination I found the skin moist, pupils contracted. He protruded his tongue with difficulty, and to the left side. From the bedclothes I judged he had no control over the muscles of the bladder. Bowels constipated. I had not remained long before he was seized with one of his convulsions. I saw at once partial paralysis. The shocks were exactly like those of an ordinary epileptiform seizure; the mouth most involved, eyes next, eyelids apparently not at all. My diagnosis of the case was clear; and the treatment, in a word, to *trephine*.

Sunday evening I wrote a brief history of the case to my friend Dr. Coleman, of Lexington. The doctor arrived Monday evening in company with Dr. Bullock. Having examined my patient, to my surprise they did not sustain me in my treatment; but thought best, considering the condition of the patient, to put him on bromide of potassium and active mercurials. As I had rather given over the case to my friends, I consented, with a protest.

On Tuesday morning the case was no better; convulsions increasing, and patient sinking, with now total paralysis; bowels operated freely.

Wednesday I passed the house, and was told the patient was sinking rapidly. I wrote Dr. Coleman word, that if he desired to operate to come at once. In due time the doctors came and operated.

The operation in itself was a success. We found, as was expected, the internal table fractured, and a small depressed spicula of bone imbedded in the dura mater. There was also some thickening of this membrane.

The patient died some time during the day following the operation. Besides offering another example of the uncertain prognosis of depressed fracture, the case is interesting also from a medico-legal point of view. Had Jones's death occurred within two years after the wound was inflicted, his antagonist could have been held for his murder. As it is he goes free.

SOUTH ELKHORN, KY.

Formulary.

[Communicated by various practitioners.]

FOR ASTHMA IN INTERVALS.

℞ Potass. iodid..... ..... ℥ iss;
Spts. ammon. arom..... fl.℥ j;
Tinct. belladon..... fl.℥ ss;
Tinct. cinch. comp..... fl.℥ ij;
Aquæ menth. pip..... fl.℥ ivss.
M. S. Dose, a tablespoonful after each meal.

STRUMOUS OPHTHALMIA.

℞ Hydrargyri oxidi flavi..... gr. vi;
Unguenti simplicis..... ℥ j.

A piece of the size of a hempseed to be inserted between the eyelids every third night.

℞ Hydrargyri perchloridi..... gr. ij;
Ammonii chloridi..... gr. iij;
Aquæ.....ad ℥ij. S.

One teaspoonful to be mixed with half a small teacupful of lukewarm water, and used as a lotion for the eyes every four hours. In bathing the eyes care must be taken that the lotion is applied inside, and the eyelids dried thoroughly after each application of the lotion. The eyes must be kept covered by means of a light bandage. When the inflammation subsides the bandage should be removed, but the lotion to be continued for three or four weeks to assist in removing the opacities. Cod-liver oil and syrup of the iodide of iron are to be given for a lengthened period.—*Brit. Med. Jour.*

EMULSION OF PHOSPHORUS.

℞ Phosphori ..... gr. j;
Chloroform pur..... fl.℥ ij.
M. Dissolve by shaking together in a bottle. Add
Ol gaultheriæ..... fl.℥ ss;
Spts. vini gallici..... fl.℥ iij;
Syr. acaciæ..... fl.℥ vij.
M. Ft. Emulsio. Each teaspoonful contains $\frac{1}{10}$ of a grain of phosphorus.

FOR ASTHMATIC PAROXYSM.

℞ Ether..... fl.℥ iss;
Tinct. lobelia..... fl.℥ j;
Tinct. opii..... fl.℥ ss;
Tinct. stramon..... fl.℥ ss.
M. Dose, a teaspoonful every one or two hours until nausea is produced.

ALTERATIVE AND TONIC FOR CHRONIC PHARYNGITIS.

℞ Potass. iodid..... ℥ ss;
Tinct. rhei..... fl.℥ ij;
Syr. sarsaparillæ comp..... fl.℥ iv.
M. S. Dose, a teaspoonful in water after each meal.

Miscellany.

A SUPERNUMERARY ABDOMEN.—Dr. A. H. Beaton, in the Canada Lancet of December, 1876, reports the following remarkable case in obstetrics: He was called to a woman in September, 1873, whom after a somewhat tedious labor he delivered with the forceps. The child was born with a tumor, nearly as large as its head, in the umbilical cord about two inches from the abdomen. Otherwise the cord was normal as to length and size. On one side of the tumor was a patch of skin two inches in diameter, and of the same color and appearance as the body of the child, the rest of it being membrane resembling the cord, and indeed being a portion of it. At first he was at a loss to know what to do, but concluded, as he had very imperfect light, it being night, to cut on the outer side of the tumor, and make a more careful examination in the morning. The next day he had no difficulty in coming to the conclusion that the tumor contained the intestines of the child, and immediately attempted their replacement by manipulation. A half-hour's trial satisfied him that he could not succeed in this way, and he then concluded to open the sac. He made an incision three inches long, and the intestines came rolling out so fast that he soon had both his hands filled with them. Every inch of the small intestine had been confined in the tumor, and from its construction, and the presence of the patch of natural skin, Dr. Beaton had no doubt they formed and matured there. The process of returning or transmitting them to the abdomen was necessarily slow, as the opening was very small, and they were considerably distended with gas. The inconvenience of the presence of gas became greater as the work proceeded, and at length he had to resort to pricking the bowel in order to allow it to escape. The pricking was continued until the whole had been returned. The cord was then tied at the proper place, the abnormal appendage cut off, a pad adjusted, and the child dressed. A teaspoonful of castor-oil was ordered; and on his return, four hours afterward, he learned that it had "operated nicely." The child thrived as well as any child could, and is now a fine healthy little fellow.

CHINESE TREATMENT OF NIGHTMARE.—The following is a translation from a Chinese medical work: "In case of nightmare do not at once bring a light, or, going near, call out loudly to the sleeper, but bite his heel or his big toe, and gently utter his name; also spit in his face, and give him some ginger-tea to drink—he will then come round; or blow into the patient's ears through small tubes; pull out fourteen hairs from his head, and make them into a twist, and thrust them into his nose."—*Med. and Surg. Rep.*

THE Allgemeine Medicinische Central-Zeitung says that, according to the last census, to every ten thousand inhabitants of Berlin there appear to be 7.98 physicians, 0.66 apothecaries, 3.31 midwives; while in the whole kingdom of Prussia to a like number of inhabitants there are 7.39 physicians, 1.26 apothecaries, and 4.94 midwives.

EGYPTIAN ESTIMATE OF FOREIGN SURGEONS.—The following is a brief abstract of the diary of an English surgeon traveling on the Nile:

"It soon got noised abroad that a hakim (doctor) was aboard, and the halt and the blind literally flocked for help; the very poor coming empty-handed, those better off bringing sheep, meat, bread, fruit, vegetables, trinkets, while the well-to-do brought money, gold finger-rings and nose-rings, all of the unalloyed metal, for these are the gold coin of the Soudan. One woman, a widow-farmer, owning many slaves—though it is commonly supposed that slavery is non-existent in Egypt—applied, just in time for amputation, with a fractured fore-arm, the bones protruding, and gangrene creeping beyond the elbow. Two men with stone were lithotomized, and Dr. Lowe performed three operations for cataract. He found excellent assistants in two engineers of the expedition, one of whom chloroformed the patients, and the other, having lived in a doctorless district in India, where he conducted an extensive amateur practice, held the staff in the lithotomy operations, and otherwise rendered efficient assistance. Dr. Lowe was constrained to depart on the day after these operations, leaving them to chance, although confident they would do well, owing to the surprising power of recovery from surgical injury manifested by the Arab constitution. Three months afterward he learned that, excepting one case of cataract with rotten cornea, all these patients made good recoveries.

"As the expedition could stay only a few hours at each town, Dr. Lowe found it impossible to attend to half the cases, and he was obliged reluctantly to deny assistance to a large number of miserable sufferers. It was piteous to be forced to turn a deaf ear to their supplications. Some pursued Dr. Lowe in boats, others chased him on camels along the river-side for two days, and one poor old man was carried for three days on camelback in the vain hope of obtaining surgical help."

The statement made by a writer in the British Medical Journal that a young surgeon traveling for his health in Egypt could earn sufficient money to pay for his trip is undoubtedly correct, as any traveler on the Nile could testify.—*Bost. Med. Jour.*

THE MEDICAL SCHOOL AND JOURNAL MANIAS.—These two maladies are at present exciting considerable comment. The first is by far the more serious complaint. There is no telling where it may reach, and how long it may last. The *materies morbi* is sown everywhere, and the virulence of its contagion is acknowledged. Light diet, which was vaunted as a cure, has proved a failure. It is found that a "professor" can live indefinitely on glory. There seems to be no hope of checking the epidemic, until by repeated inoculation the disease will wear itself out, as in syphilization. When the schools multiply to such an extent that the "professors" outnumber the students, and the benches become more distinctive than the rostrum, perhaps the matter will stop. The journal mania is a lighter affair. It is in fact a self-limited disease, often not extending beyond the 365th day. Its critical periods may be reckoned as about the first of January and of July. As a result of subscribers' promises and advertising hopes the disease may sometimes become chronic, but a few doses of publishers' accounts frequently cut it short before the period named.

PATHOLOGY AT THE ROADSIDE.—An extraordinary scene was witnessed a short time since on the public road near the village of Carrington, a few miles from Edinburgh. An old woman had died suddenly at that village at the beginning of the week, and a *post mortem* examination had been ordered by the parish authorities. According to instruction, a medical man, accompanied by his assistant and a sheriff's officer, went to the house of the deceased for the purpose of making the examination. To their surprise, they were told, on arrival, that the corpse was on its way to be buried; upon which

they hurried after the funeral party and caught them up before the graveyard was reached. Their proposition that the body should be taken back to the house for the intended examination was resisted by the people in charge of the funeral; and the sheriff's officer was compelled to stop the coffin, which was being carried country-fashion, and placed it upon a roadside heap. The doctor had the coffin opened, and there and then made his examination of the corpse. This over, the coffin-lid was refastened and the funeral duly proceeded with.—*British Medical Journal.*

AN ANCIENT DRAM-DRINKER.—At a meeting of the Suffolk District Medical Society, the subject for discussion being the cure of inebriety, Dr. Ayer reported the case of a man who had been in the habit of taking his eleven-o'clock and four-o'clock dram daily since boyhood, and lived to the age of ninety-seven. This seems to favor moderate dram-drinking; but the old question still stares us in the face, how long would the patient have continued to live had he not taken his daily drinks?

DESTROYING "MAD" DOGS.—The Lancet says: If a dog which has bitten somebody is instantly destroyed, the person who has sustained the injury, or his friends, must go about in dread of bad consequences; whereas, if the dog had been spared, events might have cleared away the misgiving, the animal, perhaps, being only excited, not "mad." The practice of impulsive slaughter is as wanton and unintelligent as can well be conceived. When a dog is suspected of hydrophobia the aim should be to secure him, which can generally be accomplished with a large sack or net thrown over the animal, or in such a way that he may be entangled and fall. He should then be placed in safe custody; a back yard with high walls will do if no lock-up shed or stable is near. With a liberal supply of food and water many a "mad" dog would quiet down and prove either to be suffering from epilepsy, or, possibly, distemper with convulsions, perhaps worms. Dogs are infested with tenia and other internal parasites. It is mischievous to create panics and give cause for anxiety by destroying the only evidence from which comfort and reassurance to the bitten person can be derived.—*The Clinic.*

COMMENCEMENT EXERCISES OF UNIVERSITY OF LOUISVILLE.—The commencement exercises of the University of Louisville will be held in Public Library Hall, on Thursday, March 1, 1877, at 2:30 P. M. The following is the programme for the occasion:

Prayer.

Salutatory, by Jno. B. Holton, of Kentucky, member of junior law class.

Conferring the degrees of M. D. and L. L. B., by Hon. Isaac Caldwell, president.

Conferring the prizes of the Medical Department, by the president.

Medical class valedictory, by J. Curtis Harris, of Texas.

Law class valedictory, by Hugh Rodman, of Kentucky.

Address to Alumni, Law Department, by Jas. W. Mavity, Louisville, Ky.

Valedictory by Prof. James S. Pirtle, of Law Department.

Valedictory by Prof. John E. Crowe, of Medical Department.

Benediction.

Appropriate music by Schneider's Star Band, combined with Schneider's Orchestra.

THE FUNCTION OF THE UVULA.—Horace Dobell, M. D., in British Medical Journal, says: "Looking, to-day, into the pharynx of a patient suffering from severe nasal catarrh, I saw the watery secretions from the back of the nose pouring down in a continuous stream from the tip of the uvula into the dorsum of the tongue. It was evident that they were collected to this point from all the surrounding parts, and that the uvula acted as a conduit to bring them to the front of the epiglottis, whence they might be safely carried down the throat by repeated acts of deglutition; whereas, had it not been for the uvula, they would be liable to drip

behind the epiglottis, and thus cause constant discomfort by getting into the larynx. This very simple but important function of the uvula has not, so far as I am aware, been noticed before, notwithstanding all that has been written about this odd little organ."

CURIOUS MISTAKE.—At Rising Sun, Ind., there lately occurred a curious mistake in a graveyard. The mayor of the town had sent a couple of watchers to prevent resurrectionists from raising the body of a girl just buried. The friends of the girl did the same thing. The men, mistaking each other for snatchers, opened fire. One man was slightly and another severely wounded.

NEM. CON.—A London juror asked to be excused from serving on the ground that he was an undertaker, and engaged in the burial of persons dead from small-pox. The tribunal did not divide "seven to eight" upon the question, but excused him unanimously.

Selections.

Are the Lower Limbs Naturally of the Same Length?—Prof. Jarvis S. Wight, in a paper upon Shortening of the Lower Limb after Fracture of the Femur (Archives of Clinical Surgery for February), says: "After many years, in which there has been much discussion, and some contention, about the broken os femoris, *it has occurred to me to measure the lower limbs of those who have never had the femur broken.*"

And as the result of an examination of sixty persons, embracing many nationalities, occupations, etc., and of various ages, he reaches the following conclusions:

"1. The lower limbs of the same person are not always of the same length, if they are measured in the way above described.

"2. The greater number of lower limbs, comparing the limbs of the same person, show a difference in length.

"3. The normal lower limbs that I have measured give the following result: The left lower limb is oftener longer than the right lower limb, and the right lower limb is nearly as often longer than the left lower limb.

"4. About one person out of every five has lower limbs that measure the same length.

"5. The difference in the length of normal lower limbs of the same person varies in different cases—from one eighth of an inch to one inch. I have considered every difference less than one eighth of an inch as no difference. And I found one case, in which the left limb measured one inch and three eighths of an inch longer than the right limb; of course I recognize the extreme difficulty of making exact measurements of normal limbs; but the same difficulty supervenes to perplex the measurements of lower limbs, one of which has a broken femur; and if it is proper and justifiable to make comparative measurements of broken bones, before and after union, it is admissible to make comparative measurements of unbroken bones. The facts are as reliable in one case as in the other.

"6. I have measured the lower limbs of cadavers and of skeletons, the soft parts having been removed by dissection. These measurements confirm the above results."

Shortening of the Lower Limbs after Fracture.—In the paper above referred to Dr. Wight says:

"1. To assume an equality in the normal length of the lower limbs of a patient who has a broken femur would, in many cases, involve an error of more or less gravity. In other words, it would be quite impossible to say, from the most careful measurements, how much a broken femur had shortened a limb, if the uninjured limb is made the standard of comparison. And a correct and reliable conclusion could only be reached in a case in which the injured limb had been measured *before* and *after* the injury. There are more chances against than for an assumption of an equality of length in the lower limbs of any one case.

"2. Suppose a case: A man's left lower limb measures one inch longer than his right lower limb, and he has never been injured. Let him fall and break his right femur. It would certainly be very unscientific, unskillful, and perilous to apply extension and counter-extension so forcibly as to make the injured limb as long as the other. Having in mind the great strength and resistance of the fascia of the thigh, I must say that in such a case such extension would be impossible; and if it were possible, it would be unjustifiable. Or let him break his left femur. A moderate degree of extension and counter-extension would make the injured limb as long as the other, and readily keep it as long. Such cases as this are quite often met in one's surgical experience. Circumstances sometimes favor the surgeon, but they are quite as often against him. We get credit when we deserve it least, we get blame when

we deserve most praise; and such is the profession which you have chosen.

"3. Practically, in some cases of fracture of the femur, I have easily made the injured limb as long as the other, and have supposed the good result to be partly due to skill in treatment. In other cases, I have found it absolutely impossible, by any justifiable means, to prevent as much as an inch shortening. Cases of extreme shortening after fracture of the femur have not fallen to my lot. A specimen of very great shortening of a broken femur, with firm union, you will find in the museum of the college. Now, I have often accused the muscles and fascia for interfering with my attempts to obtain perfect results. Why, the femur is playing the trick of evolution, it varies in length!

"4. I have always held, that, in a certain number of cases of fracture of the femur shortening will occur after any treatment, and have so testified before legal tribunals, usually putting the average shortening, when shortening takes place, at about one inch: and I must now add to the accidental and the ordinary causes of shortening in cases of fracture of the femur, an important one, namely, a quite common inequality in the length of the lower limbs whose bones have never been broken.

"5. If these results are based on sound observation, they affect materially suits at law for malpractice; for, if a patient has had a fracture of the femur, and the corresponding limb be an inch or more shorter than the other after treatment; and if the patient feels himself aggrieved and sues his surgeon, on account of the apparently unusual shortening; and if it can be shown that, in a considerable number of cases, lower limbs whose femora have not been broken are not of equal length, then the surgeon has a good cause; in fact, he is unquestionably armed with a strong defense over and above his having used all due diligence in the care of his patient. Because no surgeon can be expected to repair a broken bone so that it will be more perfect than it was originally. And I need not tell you that these facts bear heavily on any one who may claim the skill and the ability to prevent shortening, in the treatment of all cases of fracture of the femur, and who may boast of having so applied the art of setting broken bones, that he has actually made the broken bone longer than the corresponding unbroken one. In fact, I have treated two cases of fracture of the femur, occurring within two days of each other; the patients were put in beds, side by side; one was a boy, the other was an adult; the adult had the minimum of surgical attention, and recovered with lower limbs of the same length; the boy had the maximum of surgical attention, and after union of the fragments of bone, the injured limb was one inch shorter than the other. Let me add, that the extending weight for the boy was half as heavy again as that for the adult."

Practical Hints in Treatment of Fracture of Femur.—Dr. Wight makes the following conclusions:

"1. We need not expect in all cases of fracture of the femur to give the patient lower limbs of equal length. In other words we can not always prevent the so-called *shortening*. The number of shortened limbs can not be accurately fixed.

"2. In a certain number of cases of fracture of the femur the injured limb will remain shorter than the other—no matter what the treatment may have been.

"3. Excessive efforts persisted in to bring the injured limb down and make it as long as the uninjured one will sometimes fail, and are calculated to do harm; since the strong fascia of the thigh offers great resistance, and since the injured limb may have been shorter than the other before the injury.

"4. If need be, complete relaxation of the powerful muscles of the thigh by etherization will enable an ordinary and admissible degree of extension and counter-extension to give the injured limb a maximum length: or extending weights gradually applied will 'tire out' the muscles; at first apply four pounds, then add to that four more pounds, then make the weight twelve pounds, now increase the extension to sixteen pounds, and in some instances make the extending weight twenty pounds, removing a certain part of the extension as may be considered necessary.

"5. The possibility of having the injured limb longer after treatment than the other must be recognized, and the most probable explanation of such a result must be given.

"6. These conclusions conform to the practice and agree with the results of the best surgeons.

"Finally, perhaps I ought to add, that the variation in the length and obliquity of the neck of the femur, incident to the age of the patient, may not occur during the same time and with equal pace in the femoral necks, and that this may be one cause in some instances of a difference in the normal lengths of lower limbs. At any rate it may be noted that there is a remarkable approach to an agreement between the differences in the length of normal lower limbs, and the difference in length of lower limbs, one of which has had the femur broken: only the average difference is somewhat greater in case there has been a fracture of the femur. But in general, the tendency of a fracture of the femur is to shorten the limb to which it belongs. And we may fairly regard assertions of always having lower limbs of equal length, after treating fracture of the femur, as open to just criticism. Such assertions are calculated

to put individual surgeons in peril of suits at law for malpractice when they do not deserve it; and they are, if found to be untrue, a sure means of throwing discredit on a useful and an honorable profession."

The Expectoration in Phthisis and other Diseases.—Daremberg wishes to revive faith in the indications to be gathered from expectoration. He has engaged in a chemical and microscopical study of the sputa, and announces some results that will be interesting to our readers. First of all, as to the chemical composition, he says the sputa of bronchitis and phthisis differ most notably; the bronchial, he finds, contain but a small amount of solid matters, and are specially remarkable by the absence of albumen and fat, while the phthisical sputa abound in organic matter. Besides this, he finds a larger amount of chloride of sodium and *of phosphates*. Now Tessier and others have drawn attention to the free elimination of phosphates by the kidneys in consumption, and on this principally rests the hypothesis that phosphorus or its compounds may be valuable in arresting the disease. According to M. Daremberg, a bronchitic patient loses in expectoration about 2 per cent of nitrogenous matter that he is in need of, while a phthisic loses three times as much. In phthisis he finds the patient may lose as much phosphates and chlorides in expectoration as in the urine. Thus the sputa is not only one way in which the patient loses the products of his wasting, but also a direct cause of that wasting.

His microscopical researches directly confirm those that have been made in our own country, clearly showing that the elastic fibers of lung tissue are to be found in phthisical sputa. He has found them in no other disease except pulmonary gangrene and hæmoptoic blocking. The former of these two conditions will never be confounded, and the latter may usually be separated. But it may be said the presence of the fibers is uncertain. Now M. Daremberg goes so far as to assert that if found at one period, and subsequently not to be detected, that shows an arrest of the disease, and their subsequent appearance indicates that a new point of lung has become involved. We are hardly prepared to go thus far on account of the uncertainty that often prevails in the discovery of various products; at any rate, before pronouncing on their absence, it would be necessary to very carefully search several specimens; and, moreover, such a sign being only negative, could not set aside others that were positive. We nevertheless think our physicians holding appointments at the consumption hospitals might well re-investigate this and other problems. Of course, according to this idea, the absence of lung tissues from the sputa does not indicate the absence of vomicæ, but only that ulceration is not at that time going on. . . .

These views have a very practical bearing. If the expectoration be thus a highway along which indispensable material is being carried away, it should be restrained, if that can be safely accomplished. Here those whose clinical observation leads them to rely largely on opiates will be ready to say the doctrine only confirms their practice. No doubt, all the preparations of opium are of value in numerous cases, and their tendency is to restrain expectoration. Morphia and its salts are perhaps generally preferred, and when there is much perspiration belladonna or atropine may be advantageously added. This addition, moreover, prevents the constipating effect of the chief drug, and for that reason we recommend it as an adjuvant which is too much neglected. M. Daremberg gives the first place to opium, and recommends morphia hypodermically; even by these methods we would advise him to add atropine in small quantity. He thinks, too, that eucalyptus and creasote both possess a restraining power over the expectoration, and he therefore recommends their employment. Tar water is a very old English remedy, rendered popular by Berkeley, but not much used now, though various efforts have been made to introduce a preparation to take its place.—*The Doctor.*

Treatment of "Chronic Diarrhea" by Koumiss.—We all agree that among the great variety of pharmaceutical remedies there are many which in so-called constitutional diarrhea produce but a temporary benefit, and with the cessation of the use of the remedy the diarrhea returns upon some slight error in diet or after cold to the feet, abdomen, etc. I have had during the last few years opportunities of treating various kinds of chronic diarrhea in young and old, thin and stout people. In some cases the opium preparations, in others the mineral acids and vegetable astringents, or aqua calcis, etc., were sufficient to cure an attack or even the disease itself; but in other cases I battled in vain, although I have employed nearly all the good weapons of the Pharmacopœia; but it struck me particularly that these latter cases were especially those in which the appetite, digestion, and in some even the nutrition, were more or less impaired. In all of these cases I evidently lost ground with every return of the diarrhea. Being therefore compelled to look around for other preparations to combat these latter complications, I am happy to say I found in the old koumiss—of either sort of full, medium, and whey-koumiss, according to the plumpness of the individual—the required remedy, which in a few weeks cured the chronic diarrhea, increasing at the same time the appetite and improving the nutrition. These latter properties of the koumiss are particularly advantageous in all complications with chest-diseases, in cases of excessive expectoration, in heart and kidney-diseases, and

wherever anæmia, general weakness, and impaired digestion and nutrition prevail. Children with lymphatic constitutions, swollen abdominal glands, and relaxed mucous membranes, with scrofula and a general bad health, benefit very greatly by a koumiss treatment in a few weeks. In stout people I usually curtail the diet to very small but frequent meals of fish, eggs, meat in any form of cooking, and I allow them to drink as much old whey-koumiss as they may like; but the articles generally to be avoided during the treatment of chronic diarrhea, especially at the beginning, are milk, beer, sugar, vegetables, and fruits; most of the condiments, as onions, garlic, mustard, pepper, vinegar; certain fats and oils, particularly oily fishes and birds. These restrictions are absolutely necessary, and are to be relaxed only when the digestion improves and the normal tone of the bowels returns, which shows itself in a normal frequency of the stools, and the normal shape, color, etc., of the fæces. In two or three months, and sometimes sooner, I find patients have nearly entirely been freed of these restrictions without fear of a recurrence of their chronic complaints.—*Jagielski in the British Medical Journal.*

Hypodermic Injections of Potassium Bromide in Epilepsy.—Dr. L. Frigerio reports (Archiv. Ital. delle Mal. Nervosi) seventeen cases of epilepsy in which he found hypodermic injections of potassium bromide very efficacious, either in preventing the convulsive attacks or rendering them much less frequent. The following conclusions are based on these cases: 1. The hypodermic method deserves preference in the administration of potassium bromide, because it is free from gastro-enteric disturbances; because the remedy is more readily absorbed, and the expense is less. 2. The hypodermic injection prevents the accesses more promptly. 3. The action of the potassium bromide is more manifest, even when the disease has long existed. 4. In epilepsies of recent development the virtue of the remedy proves highly efficacious. 5. The subcutaneous injection of potassium bromide is not to be feared on account of local accidents, which are not frequent and are relatively slight. 6. The advantages are, in proportion to the dangers, so far superior that one may conscientiously trust to the method recommended in the treatment of epilepsy.—*N. Y. Med. Jour.*

Blisters in Neuralgia of Stumps.—Trelat and Cautaz (in the Progrès Med., April 8, 1876) report the case of a patient who had undergone numerous and varied operations for the relief of neuralgia in the stump. He was thirty-one years of age; had his leg amputated in 1869, for injury. A few days after his entrance into the hospital, a chancre appeared on his penis, which was followed by regular evolution of syphilis. On the twenty-eighth day, the wound being partly cicatrized, he made a misstep, and though the stump did not receive any shock, neuralgia commenced, and soon attained a frightful intensity. Antisyphilitic treatment had been instituted, but had no influence over the neuralgia. The cicatrix of the stump was excised; in 1870, section of the flexor tendons of the thigh was made, and later again excision of the cicatrix; then a partial resection of the tibia; electropuncture, acupuncture, narcotics, etc., were all tried in vain. In 1874, it was decided to perform neurectomy: three ccm. of the sciatic nerve were removed at the junction of the middle and lower portion of the thigh, but the neuralgia recurred. Then three ccm. of the saphenous nerve were removed, but the neuralgia persisted. At this time he came to Paris; before resorting to a more radical operation, the continued current was applied for some time, with very good results; but, after two or three months, the neuralgia reappeared, with less intensity, however. A large blister was then applied to the extremity of the stump, and since then (four months) the pains have not reappeared. In the opinion of the authors, the case did not depend on neuromata, for neuralgias dependent on these are more frequent after amputations of the upper extremity. There was probably a neuritis conducted through the nerves to the spine, or the neuritis was peripheral without central reaction; the latter theory is supported by the fact of the efficacy of entirely local treatment, and the often spontaneous cure of such neuralgias after a more or less prolonged period.—*New York Medical Journal.*

Danger in the Administration of Salicylic Acid.—As the internal administration of salicylic acid in many diseases is very common at present, especially in acute articular rheumatism, Richardson (France Médicale, July 22, 1876) observes that given in larger doses it is by no means devoid of danger. He mentions a case in which 8.50 grammes of the acid had been taken within three days. The patient then exhibited much prostration, and considerable depression of temperature. The latter fell from 39° C. to 36.6° C.; the pulse became intermittent. Richardson has observed several similar cases. It is necessary, therefore, during the administration of this remedy to watch the pulse and temperature very carefully, and, in case the above effects are apparent, to resort, in case of necessity, to stimulants.—*N. Y. Med. Jour.*

Hot Water in Croup.—Dr. Dawasky, sanitary commissioner in Celle, refers to a remedy which has long proved extremely efficacious in croup, but which seems of late to have fallen into unmerited oblivion. He has used the remedy since 1835, with the best results. The procedure consists in allowing the hands and arms of the child to hang as deep as possible in

a vessel of hot water. Hot water should be added frequently, and the application continued till the skin is swollen and reddened. After uncovering the arms and neck of the child as far as the breast, it is to be placed in the nurse's lap, in such a way that the arms hang deep into the hot water. A cloth is then placed over the child's head and the hot-water vessel, so that it can inspire the warm vapor. When the arms have become intensely reddened and swollen the child breathes more freely and becomes sleepy. It is then dried carefully and put to bed. Profuse perspiration and disappearance of the unpleasant symptoms promptly follow if the remedy has been applied at an early stage of the disease. It is no longer of use when the membranous formations have occurred.—*Memorabilien.—N. Y. Med. Jour.*

Suggestions for the Cure of Aneurism.—Dr. Horace Dobell (British Medical Journal) makes the following original suggestions for the safe and rapid cure of aneurism: "Stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues, and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous, and unirritating. All these conditions are completely answered by either spermaceti, melting at 120 deg., or stearin, melting at 130 deg.; and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator, and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify en masse as to be absolutely free from the danger inseparable from either 'active' or 'passive' clots being washed away when the blood-current is again allowed to flow; and the time occupied in their solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will of course go on as usual."

Treatment of Phosphorus Poisoning.—The treatment of cases of phosphorus-poisoning is not very satisfactory. The stomach should be thoroughly evacuated. The best emetic appears to be sulphate of copper, in as much as Eulenberg, Guttmann, and Bamberger have shown that phosphorus quickly combines with copper to form the less active phosphides. The minute particles of phosphorus adhere very closely to the mucous membrane, and can only be dislodged by chemical means. Hydrated magnesia, lime-water, liquor chlori, and chloride of lime have been recommended as oxidizers, but their action is too slow to be of any use. Turpentine appears to be the best antidote. It unites with the phosphorus to form a spermaceti-like, crystalline mass, which is soluble in ether, alcohol, and alkaline solutions, and can be eliminated unchanged by the kidneys, without injuring them. Perhaps it also promotes the oxidation of a portion. Our late lamented fellow-worker (Dr. Letheby) was the first to observe that the vapor of turpentine prevented the action of the phosphorus fumes on the artisans exposed to them. It seems that the common commercial turpentine is the most effective, probably because it is richest in ozone from having been exposed to the air. Turpentine appears also to prevent fatty degeneration of the tissues. To repair the damage to the blood Jurgensen has employed with success transfusion, and Dr. Roussel's improved apparatus makes this operation more available than before. Schouschard and Dybkowsky attribute the poisonous effects of phosphorus to its depriving the tissues of oxygen by being converted into phosphuretted hydrogen, and this into phosphoric acid at the expense of the blood, and then the tissues it feeds. The readiness with which phosphorus combines with all fatty matters renders it imperative that animal fats should be wholly excluded from the food of patients recovering from poisoning by solid phosphorus.—*The Doctor.*

Varicocele in the Female.—Professor Dwight (Boston Journal) reports a case of varicocele shown by dissection and injection upon a female subject. He says: "There is no *a-priori* reason why varicocele should not be as frequent in one sex as in the other. In both the vein (spermatic or ovarian) opens on the left into the renal vein, and in both it is liable to compression by a distended bowel; indeed the latter condition would be found most often in women, owing to their greater tendency to constipation. The reasons why we are not familiar with it are that owing to the internal position of the ovaries an engorgement of their veins can not be diagnosed by sight and touch, so that attention is not called to the fact; and that veins appear to be thought unworthy of serious study both by students and teachers." He further remarks: "That the left side of the body is more liable to disease than the right is generally acknowledged; but it seems that the obscure pains and discomforts that haunt the pelvic region of the female have an exceptional preference for the left side. Professor Peaslee, in answer to a question at a meeting of the New York Obstetrical Society, expressed the opinion that they might be due to the greater tendency to congestion on the left, owing to the fact that the left ovarian vein, like the left spermatic in the male, opens into the renal vein, while the right opens into the vena cava."